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** CONTINUING DATA *****

none *al*

** FOREIGN APPLICATIONS *****

none *al*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	6	37	6
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>ce</i>		

ADDRESS

29200
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TITLE

Peritoneal dialysis catheters

FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)